Reliance_11 PDF - 907 KB





Intermediary Code/Name



Digitally signed by Raman Arora Date: 2019.03.15 reliancegeneral.co.in (Toll Free) 1800 3009 (022) 4890 3009

	y Number: 607321923430002449		Proposal/Covernote No: R150319055						
Insured Name: M/S DISTRICT HEALTH OFFICER ZILHA PARISHAD JALGAON Communication Address: ZILHA PARISHAD JALGAON,TAL-DIST - JALGAON, MAHARASHTRA, INDIA,425001 Mobile No: 9511717647 Email-ID: NA			Period of Insurance: From 10:15 Hrs on 15-Mar-2019 to 23:59 Hrs of 14-Mar-2020 Policy Issuing Branch: RELIANCE GENERAL INSURANCE CO LTD RELIANCE CENTRE, SOUT WING, 4TH FLOOR, OFF. WESTERN EXPRESS HIGHWAY, SANTACRU; (EAST), MUMBAI- 400055 MAHARASHTRA Tax Invoice No. & Date: R15031905502 & 15/03/2019 GSTIN/UIN & Place of Supply:						
					nsured Vehicle Details				
					Registration No.	MH19N9133		Mfg. Month & Year	NOV-2009
					Make / Model & Variant	Tata / Sumo & Ambulances 11 Str		CC/HP	1948
Engine No./Chassis No.	483DL56JQZ714766 / MAT38505899K25957		GVW	254					
Type of Body / LCC(excluding driver)	NA / 10		Manufacturer fully build in	Yes					
RTO Location	MAHARASHTRA - Jalgaon		Total Premium ₹	10756.0					
Vehicle subtype	AMBULANCES		IDV ₹	300000.0					
Hypothecation/Lease	NA								
nsured Declared Value	: (IDV)								
Chassis IDV ₹		0.00	Non Electrical Accessories ₹	0.0					
Body IDV ₹		0.00	CNG / LPG Kit ₹	0.0					
Vehicle IDV ₹		300000.00	Trailer ₹	0.0					
Electrical / Electronic Accessories ₹		0.00	Total IDV ₹	300000.0					
Premium Summary									
Own Damage - Section I		Amount (₹)	Liability - Section II	Amount (
Basic OD		3000.00	Basic Liability (TPPD 1)	6115.00					
Total Basic Own Damage Premium TOTAL OWN DAMAGE PREMIUM		3000.00 3000.00	Total Basic Liability Premium PA Benefits - Section III	6115.00					
TOTAL OWN DAMACE	TOTAL OWN DAMAGE PREMION		TOTAL LIABILITY PREMIUM	6115.00					
TOTAL OWN DAMAGE			TOTAL PACKAGE PREMIUM (Sec I + II + III)	9115.00					
TOTAL OWN DAMAGE			TOTAL PACITAGE PICEMION (SECT + II + III)						
TOTAL OWN DAMAGE			CGST (@9.00 %)						
	NRIE (97)			820.00					
TOTAL PREMIUM PAY		Subj	CGST (@9.00 %)	820.00 820.00 10756.0 ein/attached hereto. IMT 47					
OTAL PREMIUM PAYA STIN :27AABCR6747B sescription of services : I	1ZG, HSN :9971, Motor vehicle insurance services	Subj	CGST (@9.00 %) SGST (@9.00 %)	820.00 10756.0 ein/attached hereto. IMT 47					
TOTAL PREMIUM PAY	1ZG, HSN :9971, Motor vehicle insurance services		CGST (@9.00 %) SGST (@9.00 %)	820.00 10756.0					

Intermediary Contact No.

Intermediary E-mail ID